



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF YOUTH REHABILITATION SERVICES
POLICY AND PROCEDURES MANUAL

POLICY NUMBER:	DYRS-004
RESPONSIBLE OFFICES:	Health Services Administration
EFFECTIVE DATE OF POLICY:	March 19, 2012
SUPERSEDES POLICY:	YSA 9.16
SUBJECT:	Use of Medical Restraint

I. PURPOSE

This issuance establishes policies and procedures for the use of medical restraint, which is limited to the use of sedating medication as a last resort strategy to be employed to prevent youth from harming themselves or others. Medical restraint does not involve the use of mechanical restraints. The use of mechanical restraints used for transport or other purposes is addressed by the DYRS Transportation Policy.

II. POLICY

DYRS staff shall use medical restraint only under the following conditions:

- A. Last Precaution. Staff shall limit the use of medical restraint to situations in which it is considered to be the last resort for protecting a youth from self-inflicted injury or to prevent injury to others. Medical restraints shall only be considered or used after all less restrictive de-escalation strategies have been exhausted. These strategies include: Safe Crisis Management, progressive de-escalation strategies, and interventions by behavioral health staff.
- B. Safe and Humane Treatment. Staff shall only administer medical restraint safely and humanely with respect for the youth's dignity and only for the time required to de-escalate the youth's behavior.
- C. Secure Facilities. Staff shall limit the use of medical restraint to New Beginnings Youth Development Center (NBYDC) or Youth Services Center (YSC). DYRS staff shall not authorize or administer medical restraint in community programs.
- D. Not for Punishment. Staff shall not authorize or administer medical restraint as a form of punishment or coercion.
- E. Medical Restraint as a Therapeutic Intervention. Youth who require medical restraint shall be understood to be in crisis and all interventions by all staff shall be handled in a calming, reassuring and therapeutic manner.

III. AUTHORITY

This policy is governed by all applicable District of Columbia and Federal law including:

- DYRS Establishment Act, D.C. Official Code §§ 2-1515.01 *et seq.*, and 2-1515.05(a); Jerry M. Final Approved Amended Comprehensive Work Plan, December 5, 2007, as revised by

Revised Final Approved Amended Comprehensive Work Plan, January 26, 2010, and all amendments thereto.

IV. SCOPE

This Use of Medical Restraint policy shall apply to all DYRS employees and contract staff who have direct contact with youth in DYRS' care and custody.

V. RESPONSIBILITY

- A. **Deputy Director** has the delegated authority granted by the Director to establish the infrastructure and processes for the development of all policies and procedures.
- B. **Chief of Health Services** has overall responsibility for providing medical, behavioral health, and dental care to youth in DYRS operated residential facilities through a coordinated continuum of care that ensures that all levels of needed care are accessible to youth and that emergency care is accessible to youth, staff, and visitors.
- C. **Chief of Committed and Chief of Detained Services** have the overall leadership responsibility for ensuring the distribution and implementation of all policies and procedures in all DYRS operated and contracted facilities.
- D. **Medical Services Manager** provides overall administrative leadership of the medical services and provides clinical supervision to the nurse practitioners, nurses, and certified nursing assistants. The Medical Services Manager shall report to the Chief of Health Services.
- E. **Supervisory Medical Officer** provides overall clinical leadership of the medical services program.
- F. **Motor Vehicle Operator (MVO)** is responsible to transport youth and staff safely to preauthorized destinations and to ensure vehicles are in compliance with standards set forth by the Department of Public Works/Fleet Administration.
- G. **Advanced Level Providers** are the MDs, PAs, and NPs providing clinical services at NBYDC and YSC.
- H. **Supervisory Behavioral Health Program Manager** has administrative, operational, and clinical responsibility for behavioral health (i.e., mental health and substance abuse) services provided by behavioral health clinicians to all youth at NBYDC and at the YSC. The Behavioral Health Manager also has responsibility for the oversight of access to emergency behavioral health services to all youth, staff and visitors in these facilities and shall report to the Chief of Health Services.
- I. **DYRS Superintendents** of the NBYDC and the YSC have direct supervisory responsibility for policy implementation and enforcement. They also shall designate supervisory employees to maintain a DYRS Policy Manual at their respective facilities.
- J. **Office of Internal Integrity (OII)** is a DYRS unit responsible for investigating complaints involving staff on youth assaults and other allegations of inappropriate behavior by staff or contractors.
- K. **The Pharmacy and Therapeutics Committee** shall have the designated responsibility to oversee implementation of this policy and for developing peer review and other strategies to monitor the on-going effectiveness, timeliness and appropriateness of medication administration.
- L. **Youth Development Representative (YDR)** shall provide a safe, orderly and secure environment throughout the secure facilities and the campus of DYRS.

VI. DEFINITIONS

- A. **Advanced Level Provider** – Refers to physicians (including psychiatrists) (MDs), nurse practitioners (NPs) and physician assistants (PAs).
- B. **Housing Unit Staff** – YDRs assigned to provide security and monitoring services to youth in a pre-designated living area within DYRS secure facilities.
- C. **Medical Restraint** – The use of sedating medication to calm a youth, who after less restrictive methods for de-escalation, continues to present with a high likelihood of harming him/her self or others.
- D. **Non-Secure Facility** – A facility that is not characterized by the use of physically restricting hardware and procedures and that provides youth access to the surrounding community with minimal supervision.
- E. **One-to-One (1:1) Supervision** – The continuous observation of a youth by a YDR who remains within five (5) feet of the youth and has no other assigned duties.
- F. **Physician** - A person currently licensed or registered pursuant to the Health Occupations Revision Act of 1985, effective March 25, 1986, D.C. Law 6-99, DC Official Code Section 3-1201.01 et seq., to practice medicine, or a person licensed in another jurisdiction whose application for a license or registration is pending in the District.
- G. **Physician Assistant** - Certified by the Board of Physician Assistants to provide medical care to the patients and establish medical plans and treatments under the supervision and authority of a licensed physician.
- H. **Nurse Practitioner** - An advanced level provider trained and licensed to provide clinical services up to and including medication.
- I. **Positive Youth Development Control Measures** – A strength-based, verbal crisis intervention strategy consisting of behavioral and environmental management that is used to de-escalate youth's behavior, reduce the need for physical interventions, and preserve the physical and emotional safety of staff and youth.
- J. **Psychiatrist** - A physician who is certified in psychiatry by the American Board of Psychiatry.
- K. **Room Confinement** - The placement of a youth in his/her room for a cooling out period following an incident. The youth remains in the room until he/she is calm but for no more than 59 minutes.¹
- L. **Qualified Health Professional** – A person licensed pursuant to the Health Occupation Revision Act of 1985, effective March 25, 1986, DC Law 6-99, DC Official Code Section 3-1201.01 et seq., to practice a health occupation in the District, and authorized under the terms of that Act to perform the activity referred to in the particular regulation.
- M. **Secure Facility** – A locked facility or institution that provides residential care to youth placed in the care and custody of DYRS. This includes NBYDC in Laurel, MD, the YSC in Washington, D.C., and facilities located outside of the District of Columbia.

¹ It also should be noted that the term Room Confinement is used to refer to youth receiving room confinement prior to or following a disciplinary hearing related to an incident or rule infraction.

- N. **Sedating Medication** – Quick-acting medication used to calm a person.
- O. **Senior Behavioral Health Professional** – Refers to psychiatrists, Ph.D. psychologists or Licensed Social Worker (LICSW) or Licensed Professional Counselor (LPC) supervisory behavioral health professionals.
- P. **Serious Suicide Attempt** - For purposes of morbidity review, any self-injurious behavior that results in transportation off-grounds for medical treatment.
- Q. **Suicide Attempt** – An act of self-inflicted injury with intent to cause one's death.
- R. **Suicide Gestures** – Any intentional behavior with potential for self-harm, even if not intended to be lethal.
- S. **Suicide ideation** – Any thoughts or ideas of taking one's life.
- T. **Suicide Prevention and Use of Restraint Panel (Panel)** – A committee responsible for reviewing all instances of the use of restraint as described in this policy.
- U. **Youth** – An individual under twenty-one (21) years of age who is in the care and custody of DYRS.
- V. **Youth Empowerment System (YES!)** – A DYRS data tracking system.

VII. PROCEDURES

A. General Guidelines for Use of Medical Restraint

1. De-escalation Strategies. Staff shall exhaust all Agency-approved methods for containing and de-escalating a youth's behavior prior to considering sedating medication. These methods shall include:
 - a. Inquiry as to the reason for a youth's acting out behaviors (e.g., determination of whether the youth has a mental health disorder, what legal, social or institutional circumstances may account for the youth's behavior) in order to develop an appropriate response to de-escalate the youth.
 - b. Employment of Positive Youth Development control measures and Safe Crisis Management intervention strategies as early as possible to avoid a youth's behavior from escalating.
 - c. Engagement of progressive/successive verbal and non-verbal interventions.
 - d. Behavioral Health Notification. Unit staff shall immediately notify and engage behavioral health staff in attempts to de-escalate youth as soon as initial attempts at de-escalation do not appear to be successful.
2. Assessment of Need for Medical Restraint. Only a psychiatrist, or an advanced level provider, in consultation with a psychiatrist and, if indicated, in consultation with a senior behavioral health clinician, may authorize the use of medical restraint, and such authorization may only be provided after a psychiatrist, an advanced level provider, or a senior behavioral health clinician has conducted a face-to-face assessment of the youth.

3. Threshold to be Met. Medical restraint shall only be used in cases of extreme emergency to prevent youth from harming him/herself or others, and only after less restrictive interventions have been determined to be ineffective. And even then, they shall be used only for the shortest time possible and with the least restriction possible.
4. Location for the Use of Medical Restraint. The use of sedating medication as a form of medical restraint shall only occur in the medical unit (i.e., in the infirmary area).²
5. Assessment of Need for Acute Psychiatric Hospitalization. Assessment by all Health Services staff, including behavioral health staff, regarding the youth's need for acute psychiatric hospitalization shall be ongoing. Upon determination that the youth requires medical restraint, behavioral health staff shall initiate procedures for psychiatric hospitalization. The Application for Emergency Hospitalization by a Physician or Psychologist of the Person, Officer or Agent of Human Services or an Officer to Make an Arrest (FD-12 826.APR) shall be completed and the youth shall be transferred to a psychiatric facility within eight hours of the determination that the youth is in need of emergency psychiatric hospitalization or the determination to use medical restraint, whichever occurs first.

B. Medical Restraint Assessment

1. On-Site Behavioral Health Staff. Upon notification by unit staff of a youth who is not responding to initial attempts to de-escalate him/her, behavioral health staff shall immediately report to the scene to assess the situation and the youth, work with unit staff to continue de-escalation strategies, and attempt to resolve whatever may be the issues informing the youth's behaviors.
2. On-Call Behavioral Health Staff. If there is no behavioral health staff on-site, medical staff shall contact the on-call behavioral health staff who shall report to the facility within one hour of notification for a face-to-face encounter with the youth.
3. Psychiatrists and Advanced Level Providers. Only a psychiatrist, or an advanced level provider in consultation with a psychiatrist and, if indicated, in consultation with a senior behavioral health clinician, may authorize the use of medical restraint, and such authorization may only be provided after a psychiatrist, an advanced level provider, or a senior behavioral health clinician has conducted a face-to-face assessment of the youth.
4. Behavioral Health Manager Notification. After approving medical restraint, the advanced level provider or psychiatrist shall notify the Behavioral Health Manager of the situation. The Manager shall report to the scene within one hour of notification to oversee all clinical decisions regarding the youth.

C. Administering Medical Restraint

² In the event the medical unit is filled to capacity or if the youth is thought to be a risk to him/herself or to staff if transported to the medical area, the Chief of Health Services or designee in consultation with the facility Superintendent or designee may authorize the use of medical restraint in an alternate location (i.e., the pod/unit). Should this occur, medical and behavioral health staff shall conduct their monitoring activities in the location where the youth is medically restrained.

1. Only a psychiatrist shall give an order for the use of medical restraint. This may either be in person or by phone. If by phone, an advanced level provider or senior behavioral health clinician must have assessed the youth in a face-to-face encounter and reported to the psychiatrist on the circumstances incident to the assessment, the findings from the assessment, and other relevant matters, as indicated.
2. Only the minimum amount of sedating medication shall be used to reduce the risk of self-inflicted injury or injury to others. Initial orders for sedating medication may not exceed two (2) hours.
3. Once the original order expires, if it has not already occurred, a physician must see and assess the youth before a new order is issued. Only one (1) renewal of the medication order is permissible.
4. Consistent with Safe Crisis Management procedures, security staff shall contain the youth with the minimum level of restraint necessary so that medical staff can administer the sedating medication.

D. Monitoring

1. Youth/Staff Monitoring Ratio. Direct care staff shall continuously monitor youth receiving sedating medication as a medical restraint on a one-to-one ratio.
2. Hospital Escort. Youth shall remain on a one-to-one monitoring until admitted to a psychiatric hospital.
3. Observations Documentation. Staff assigned to monitor the youth shall provide supervision and document one-on-one observations on the Medical Restraint Flow Sheet (Attachment A) every 15 minutes up to the time the youth is admitted to a psychiatric hospital.
4. Medical Staff Monitoring. Medical staff shall continuously monitor the medical condition of youth receiving emergency sedating medication. At least hourly, medical staff shall assess and document in the youth's medical record vital signs, respiratory status, and level of consciousness. If it has not occurred previously, a physician must see the youth and assess him/her within one hour of the initiation of a medical restraint episode.
5. Behavioral Health Staff Monitoring. Behavioral health staff shall continuously assess and monitor the mental status of youth requiring medical restraint at least every 30 minutes and document the assessment in the youth's medical record.

VIII. TRAINING REQUIREMENTS

- A. SYDRs, YDRs, medical and behavioral health staff, including contract and volunteers, shall receive pre-employment training regarding the use of medical restraint, including their monitoring responsibilities during a medical restraint event.
- B. Pre-employment training for direct care staff also includes Safe Crisis Management, Positive Youth Development and strategies and methods for the de-escalation of youth.

- C. This training is in addition to the pre-employment training direct care staff receive that provides them a basic understanding of adolescent behavior and development, the range of usual effects of trauma, common psychiatric disorders diagnosed among youth, the medications used to address these disorders and their potential side effects, and how to think about the issues/reasons that may underlie youths' behavior.
- D. The annual refresher training shall be a condensed version of items in VIII.A.-C., above, and shall also include:
 - 1. Any revisions to the Medical Restraint Policy.
 - 2. On-the-ground experiences in dealing with a medical restraint event.
 - 3. Presentation/discussion of quality assurance findings related to the use of medical restraint.
- E. Medical staff shall receive the following training as part of their pre-employment training:
 - 1. The therapeutic use of medication as a form of restraint.
 - 2. Monitoring responsibilities during a restraint episode.
 - 3. How to conduct a mental status exam and clinical assessment of the youth.
- F. Behavioral health staff shall receive pre-employment training on the Medical Restraint Policy and they shall also receive additional, more clinically-focused training that shall include:
 - 1. Assessing and providing therapeutic services to a youth in crisis.
 - 2. Assessing a youth for acute psychiatric hospitalization.
 - 3. Strategies for teaming with direct care staff to de-escalate a youth in crisis.

IX. TRANSPORTATION GUIDELINES

- A. When a youth is transported from a secure facility to a hospital following a medical restraint event, staff shall maintain the youth in mechanical restraints during transport.
- B. A youth being transported to a hospital from a secure facility must remain on one-to-one supervision with an assigned and dedicated direct care staff with him/her at all times. The staff member assigned to conduct the one-to-one supervision shall complete the Medical Restraint Flow Sheet.

X. MEDICAL RESTRAINT FORMS

- A. Use of Medical Restraint Form. Medical staff shall report every use of medical restraint on the Medical Restraint Notification Form (Attachment B). A copy of the Medical Restraint Notification form shall be placed in the youth's medical record.
- B. Additional Documentation. DYRS Unit Managers/Team Leaders, or the next highest-ranking operations staff on site, shall oversee the use of medical restraint documentation in the Unit Log Book, in YES!, and on the Medical Restraint Flow Sheet.

XI. MEDICAL RESTRAINT OVERSIGHT PROCEDURES

A. Incident Notification Report

1. Timeframe for Completion. Prior to ending a tour of duty, each staff member participating in or observing a medical restraint episode shall complete an Incident Notification Form (Attachment C). The staff member's immediate supervisor may extend the time period for completing this report to 24 hours if it is not possible or practical to complete the Unusual Incident Report before the end of the tour of duty.
2. Contents. The staff member shall document the following information in the Unusual Incident Report: a) description of the incident, b) the type of restraint utilized (i.e., the medication administered), c) the reason and necessity for medically restraining the youth, d) the name of the medical staff who authorized the use of a medical restraint, e) the names of other HSA staff who administered the sedating medication, and f) the persons present when the sedating medication was administered.

B. The Suicide Prevention and Use of Restraints Panel (Panel) has been established to provide quality assurance in the implementation of suicide prevention policies and practices, and the use of medical and mechanical restraints.

1. The Panel shall conduct a review of all instances of the use of medical restraint with an eye to the appropriateness and success of initial de-escalation strategies employed, the clinical appropriateness of the decision and execution of the use of medical restraint, and psychological consequences for the youth undergoing a medical restraint episode. This review shall be documented in the youth's medical record and in YES!
2. The Panel will submit a full report to the DYRS Director within 30 working days of the incident. The report shall address any variances from the requirements of this policy, which shall be addressed with an accompanying Corrective Action Plan.
3. This Panel shall be comprised of the following members:
 - The Behavioral Health Program Manager (Chair)
 - The Chief of Health Services
 - The NBYDC Behavioral Health Supervisor
 - The YSC Behavioral Health Supervisor
 - The Supervisory Medical Officer or the Medical Services Manager
 - The Quality Assurance Coordinator
 - The NBYDC Superintendent or designee
 - The YSC Superintendent or designee
 - The NBYDC Senior JJIC
 - The YSC Senior JJIC
 - Integrity Officer
 - Public Defender Service Representative
4. The Panel shall meet monthly, alternating between facilities (with each facility reviewed every other month). Panel members who are facility-based shall meet during their bi-monthly review.
5. Minutes of Panel meetings shall be maintained and forwarded to the Special Arbiter each month.

XII. Notification of Improper Use of Medical Restraint

- A. The Chief of Health Services shall notify the Director of every allegation of improper use of medical restraint within 72 hours of the allegation.
- B. The Chief of Health Services shall contact the OII and request a full investigation into allegations of improper use of medical restraint. This report shall be completed within 30 days.

XIII. INVESTIGATIONS

- A. Suicide Prevention and Use of Restraint Panel (Panel) and the Pharmacy and Therapeutics Committee. The DYRS Panel and the Pharmacy and Therapeutics Committee shall review all instances resulting in the use of medical restraint.
- B. Office of Internal Integrity (OII). The OII shall investigate allegations of improper use of medical restraint and make all reasonable efforts to complete a final report of its investigation within thirty five (35) calendar days after receiving oral or written notice of an allegation.

XIV. POLICY NON-COMPLIANCE

- A. Failure to File an Incident Notification Form. An employee's failure to file an Unusual Incident Report, as required by section XI.A. of this policy, constitutes, among other things, an on-duty act or omission that interferes with the efficiency and integrity of government operations, and is cause for disciplinary action up to and including dismissal as provided in Chapter 16 of the District Personnel Regulations.
- B. Failure to Cooperate with Internal Investigations. An employee's failure to cooperate fully with OII investigations into allegations concerning improper use of medical restraint constitutes, among other things, an on-duty act or omission that interferes with the efficiency and integrity of government operations, and is cause for disciplinary action up to and including dismissal as provided in Chapter 16 of the District Personnel Regulations.

XV. FORMS

- A. Attachment A - Medical Restraint Flow Sheet
- B. Attachment B - Medical Restraint Notification Form
- C. Attachment C - Incident Notification Form



DIRECTOR, DYRS

3/19/12

DATE

Use of Medical Restraint Policy: DYRS-004, Attachment B

DEPARTMENT OF YOUTH REHABILITATION SERVICES
HEALTH SERVICES ADMINISTRATION

MEDICAL RESTRAINT NOTIFICATION FORM

Youth's Name _____ DOB _____ Date/time _____

Youth's Location (include facility, unit/pod) _____

Person and Title of Medical Staff Authorizing the Use of Medical Restraints _____

Medication Administered (include dose and route) _____

Person Administering Medical Restraints _____

Date, Time and Who was Notified within Behavioral Health _____

Signature of Staff Completing Notification Form

Date

Distribution List

Medical Record

Chief of Health Services

Supervisory Behavioral Health Manager

Medical Administrative Manager

Superintendent

Use of Medical Restraint Policy: DYRS-004, Attachment C

**DEPARTMENT OF YOUTH REHABILITATION SERVICES
HEALTH SERVICES ADMINISTRATION
Incident Notification Form**

Facility: ___ NB ___ YSC

Report #: _____

1.Incident Date:	2.Incident Time:
3.Location:	4.Activity:
5.Preported By:	6.Title:
7.Reported To:	8.Title:
9.Report Date:	10.Report Time:

11. Reportable Incident Types

	CLASS I	CLASS II	CLASS III
	Death	Youth on Staff Assault	Fight (2 or More Youth)
	Fire	Youth on Youth Assault	Accidental Injury
	Hostage Taking	Staff on Youth Assault	Staff Discipline
	Riot	Suicidal Behavior, no injury	Damage to Property (In Excess of \$1,000)
	Reported Crimes	Felony Arrest (Staff)	Theft (In Excess of \$500)
	AWOL from Furlough	Felony Arrest (Youth)	Inappropriate sexual behavior
	Escape	AWOL/Abscondence	Illegal Drug/Alcohol Seized
	Attempted Escape	AWOL/Escape-Apprehension	Possession of Contraband
	Alleged Child Abuse	Other:	Other:
	Serious Injury or Illness		
	Serious Work Related Injury		
	Use of Medical Restraint		

12. Data

	Name	Assigned Unit	Sex	Race	Court	Most Serious Charge/Offense	Date of Placement
1							
2							
3							
4							

